

(Please circle one) **April 19** **May 11** **June 7** **September 6** **See Comstock Spring Fiesta Show for May 3 entry form**

SAGEBRUSH COMMUNITY HORSE SHOWS 2025

ONLY ONE HANDLER/RIDER PER ENTRY FORM PLEASE

All entries must be completed. Enclose the correct fees. **Please print.** Enclose copy of registration papers for Arabian/Half Arabian/Anglo Arabian horse.

Handler/Rider Name: _____

Owner Name: _____

Address _____

Address: _____

City: _____ State: _____ Zip _____

City: _____ State: _____ Zip _____

Home Phone: () Cell Phone () _____

Cell Phone _____

Email: _____

Email: _____

Birthdate (if under 18): _____ Age on Jan. 1: _____

Please Designate for High Point:

Halter: English _____ Western _____ **Showmanship:** English _____ Western _____ **Trail:** English _____ Western _____

Parent/Guardian signature required on release form if minor showing.

Entry Number

Entry Number

Horse's Name: _____

Horse's Name _____

(Official Use Only) **Registration Number for Arab/HA/AA Only:** _____

(Official Use Only) **Registration Number for Arab/HA/AA Only:** _____

Age: _____ Sex: _____ Breed: _____

Age: _____ Sex: _____ Breed: _____

Circle Class Numbers Entered for First Horse																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56		
57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74		
75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92		
93	94	95	96	97	98	99	100	101	102	103	104	105	106						

Circle Class Numbers Entered for Second Horse																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39			
40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58		
59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76			
77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94			
95	96	97	98	99	100	101	102	103	104	105	106									

4-Hers: I belong to the 4-H club _____

PreEntry Class Entry Fee \$8 # _____ x \$8.00 _____

and my leader is _____

Day Of Class Entry Fee \$10 # _____ x \$10.00 _____

Pre-entries are due by 6:00 P.M. the night prior to the day of the event

Office Fee is \$3 per Exhibitor # _____ x \$3.00 _____

Entries received after 6:00 P.M. will be charged the Day-Of-Event Fee.

TOTAL \$ _____

Send entries to Sagebrush Community Horse Show c/o Linda Zimmerman @ 12200 Red Rock Rd, Reno, NV 89508, or email entries to sagebrushchs@gmail.com
 Contact phone number is 775 560-0612. Make checks payable to SAGEBRUSH COMMUNITY HORSESHOWS. Office fees and Post entry fees are nonrefundable.

Received Cash \$ _____ Received Check # _____ Amount \$ _____

Refund \$ _____